



SUPERIOR COURT OF CALIFORNIA  
COUNTY OF YOLO  
HUMAN RESOURCES  
601 COURT STREET  
P. O. BOX 1290  
WOODLAND, CA 95776-1290  
(530) 406-6880

PERSONNEL USE ONLY	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted
1. Education	
2. Experience	
3. Lic/Reg	
4. Other	
Analyst:	
Date:	

## EMPLOYMENT APPLICATION

### Instructions: Please complete all sections of the application

1. A separate original application is required for each examination.
2. Use a typewriter or print in blue or black ink.
3. Incomplete or illegible applications will not be considered; **if a typing certificate is required, it MUST be attached to application.**
4. Notify the Superior Court Human Resources Office of any change of address.

1. POSITION APPLYING FOR: \_\_\_\_\_

2. NAME: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First Middle Initial  
Other last names you have used: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. ADDRESS: \_\_\_\_\_  
Street City State Zip Code

4. SOCIAL SECURITY NUMBER: \_\_\_\_\_ (Used for applicant record control)

5. Do you speak another language fluently? ☐ Yes ☐ No If so, specify: \_\_\_\_\_

6. Do you claim Veterans' preference as described on the examination notice? ☐ Yes ☐ No Do you claim Veterans' disability? ☐ Yes ☐ No Attach DD214 or GS-6954 to completed application (copies are not returnable). Discharge must be verified in the Human Resources Office on or before the final filing date for the position to qualify for preference credit.

7. Have you ever been convicted by any court of an offense? If yes, please make a note in Section 12 of the date and place of each offense, the specific charge, the date and place of conviction, and the fine or the sentence received. You may omit any offense for which the only punishment imposed was a fine of less than \$150. Any offense that resulted in a fine in excess of \$150, a jail or prison sentence, or probation MUST BE reported. (A criminal record is not necessarily a bar to employment. Each case is given individual consideration based on job relatedness.) ☐ Yes ☐ No

8. Have you ever been discharged, rejected during probation, or resigned under pressure or unfavorable circumstances within the past ten years? ☐ Yes ☐ No

9. Valid Driver's License No. \_\_\_\_\_ State \_\_\_\_\_  
(Only if required on job announcement) Class \_\_\_\_\_  
Expiration Date \_\_\_\_\_

10. NOTE: Reasonable testing arrangements may be made to accommodate candidates with disabilities or who are unable to attend a scheduled test due to religious reasons. If applicable, such candidates must call Human Resources at (530) 666-8088 prior to a scheduled test date to request any necessary accommodations.

11. CERTIFICATION: I hereby certify, under penalty of perjury, that all statements made on this application are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the Yolo Superior Court. I authorize the employers and educational institutions identified in this Employment Application to release any information they may have concerning my employment or education to the Yolo Superior Court.  
☐ Yes ☐ No (If no, explain in the Remarks section on reverse)

12. Note: Explain fully items 7 and 8 in this section

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Signature of Applicant (Sign in Ink)

Date Signed

COMPLETE ALL PAGES

**EDUCATION AND TRAINING – A copy of degree, license or certificate must accompany application if required on job announcement.**Do you have a High School Diploma or G.E.D. certificate? ☐ Yes ☐ No If no, check the highest grade completed:☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Names of Colleges/Universities Attended and locations	Course of Study/Major	Semester Units	Quarter Units	Type of Degree

  

Professional Licenses or Certificates, if required	Issuing Agency	Serial No. or Identification No.	Date Issued	Expiration Date

**EMPLOYMENT HISTORY**

Give complete information for jobs held during the past ten years. Attach additional sheets if more space is needed. Show your present or most recent job first. Verifiable voluntary experience may be considered if job related. Please indicate if you were employed under another name in the remarks section below. Inquiries may be made of your former employers. May we contact your present/former employer(s)? ☐ Yes ☐ No

**EVEN IF YOU SUBMIT A RESUME, YOU MUST STILL COMPLETE THE EMPLOYMENT HISTORY SECTION LISTED BELOW.**

Dates	Employer's Name & Address	Title:	
From:		Reason for Leaving:	
To:		Duties:	
Total:			
Full Time: <input type="checkbox"/>			
Part Time: <input type="checkbox"/>	Supervisor:		
Number of persons supervised: <input type="text"/>	Phone:		
	Salary/Month:\$		
Dates	Employer's Name & Address	Title:	
From:		Reason for Leaving:	
To:		Duties:	
Total:			
Full Time: <input type="checkbox"/>			
Part Time: <input type="checkbox"/>	Supervisor:		
Number of persons supervised: <input type="text"/>	Phone:		
	Salary/Month:\$		
Dates	Employer's Name & Address	Title:	
From:		Reason for Leaving:	
To:		Duties:	
Total:			
Full Time: <input type="checkbox"/>			
Part Time: <input type="checkbox"/>	Supervisor:		
Number of persons supervised: <input type="text"/>	Phone:		
	Salary/Month:\$		

Remarks:

## YOLO SUPERIOR COURT

### AFFIRMATIVE ACTION AND RECRUITMENT QUESTIONNAIRE

#### AFFIRMATIVE ACTION:

The following information is required by various state and federal agencies for employment. This information will be detached from your application by Human Resources and kept separate and confidential. It will be used for statistical purposes only:

Male ☐ Female ☐

Position Title: \_\_\_\_\_

- A. Do you (1) have a physical or mental impairment which substantially limits one or more of your major life activities; i.e., caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working; (2) have a record of such impairment, or (3) are regarded as having such impairment? ☐ Yes ☐ No
- B. Will the above disability limit your ability to compete in the examination and/or perform the job applied for? ☐ Yes ☐ No  
Please specify the disability if you answered yes to (B): \_\_\_\_\_

#### RACE/ETHNIC IDENTIFICATION: (Check one)

- ☐ WHITE (Not of Hispanic origin)  
Persons having origin in any of the original peoples of Europe, North Africa or the Middle East.
- ☐ BLACK (Not of Hispanic origin)  
Persons having origins in any of the Black racial groups in Africa.
- ☐ HISPANIC  
Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- ☐ ASIAN OR PACIFIC ISLANDERS.  
Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This includes China, Japan, Korea, the Philippine Islands and Samoa.
- ☐ AMERICAN INDIAN OR ALASKAN NATIVE  
Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ FILIPINO  
All persons of Filipino descent.

#### RECRUITMENT:

Please indicate how you became aware of this job opportunity:

##### WORD OF MOUTH

- ☐ Court employee  
☐ Relative or friend

##### ADVERTISEMENT

- ☐ Newspaper – specify: \_\_\_\_\_  
☐ Radio  
☐ Television  
☐ Trade or Professional Journal  
☐ Community Organization: \_\_\_\_\_

##### BULLETIN BOARDS

- ☐ Court Human Resources Office  
☐ County Human Resources Office  
☐ State Employment Office (EDD)  
☐ Internet  
☐ Other (specify): \_\_\_\_\_

##### PUBLIC ORGANIZATION CONTRACTS

- ☐ Human Resources Job Line  
☐ State Employment Office  
☐ County Department Office  
☐ Other (specify): \_\_\_\_\_